

**SAMPLE TATTOO & BODY PIERCING
REPORT OF INFECTION OR ALLERGIC REACTION**

COMPLETE AND PROVIDE A COPY OF THIS REPORT TO THE TEXAS DEPARTMENT OF HEALTH UPON KNOWLEDGE OF (or within five working days of its occurrence) ANY INFECTION OR ALLERGIC REACTION RESULTING FROM A BODY PIERCING OR THE APPLICATION OF A TATTOO.

Mail or fax the completed report to: Texas Department of State Health Services, Division for Regulatory Services, Drugs & Medical Devices Group MC 1987, P.O. Box 149347 Austin, Texas 78714-9347, or fax (512) 834-6759, Attention: Tattoo & Body Piercing Program.

Client Name: _____

Studio Name: _____

Studio Address: _____ **City:** _____

Artist Name: _____

Date Tattoo / Body Piercing Was Performed: _____

Color(s) Used: _____ **Catalogue #:** _____

Jewelry Used: _____ **Catalogue #:** _____

Health Care Practitioner's Name: _____

Health Care Practitioner's Address: _____

Other Information Relevant to the Situation: _____

Name of person who completed this report: _____

Telephone Number: _____